

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Angel Ruiz

1 Metropolitan Oval Apt 3E, Bronx, NY 10462

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

Federal Police Department

40 Foley Square

New York, NY 10007

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

COMPLAINT

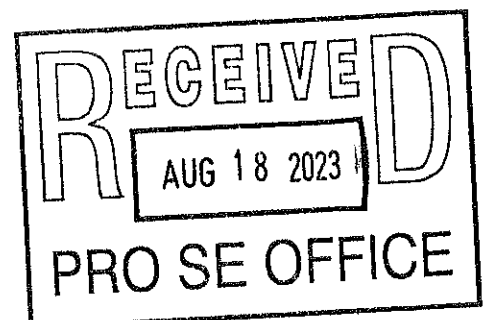
Do you want a jury trial?

☐ Yes ☐ No

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NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.



I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☐ Federal Question

☒ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

For my disability the violated my rights for
being disable

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, Angel Ruiz, is a citizen of the State of
(Plaintiff's name)

New York
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Federal Police Department, is a citizen of the State of
(Defendant's name)

40 Foley Square, New York, NY 10007

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, Federal Police Department, is incorporated under the laws of

the State of New York

and has its principal place of business in the State of New York

or is incorporated under the laws of (foreign state) New York

and has its principal place of business in New York

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

| | | |
|-----------------------------------|-------------------------------|--------------|
| <u>Angel</u> | <u>L.</u> | <u>Ruiz</u> |
| First Name | Middle Initial | Last Name |
| <u>1 Metropolitan Oval Apt 3E</u> | | |
| Street Address | | |
| <u>Bronx</u> | <u>NY</u> | <u>10462</u> |
| County, City | State | Zip Code |
| <u>(305) 988-7751</u> | <u>lwe4art2021@icloud.com</u> | |
| Telephone Number | Email Address (if available) | |

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: Federal Police Department
 First Name Last Name

40 Foley Square
 Current Job Title (or other identifying information)

New York NY 10462
 Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 2:

First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 3:

First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIMPlace(s) of occurrence: Federal Courthouse LobbyDate(s) of occurrence: 2018 month of January.**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

We arrived to Federal Court. Me and my partner. When we was waiting to pass through the metal detector. When I was sitting on my walker. I had a seizure, I fall on the floor and that when the seizure became severe. My partner was helping me. And 5 Federal Police pushed away my partner from helping me. They was around me and 1 officer. Grab me from my jacket when I was on the floor while I was having my seizure. He lift me up and punched me with his hand. And with the other hand he punched me in my chest over my heart area. And I fall back and cracked my left

Should on the floor. I was on the floor for 30 minutes. The Ambulance arrived and took me to the hospital. The 5 officers body camera's and Hundreds of cameras in court for security. They don't report the hate crime to court or the D.O.J. And I ask to the courts in 7 letters, and 7 letters to the Federal Judge to do an investigation and report to the D.O.J. And they refuse. So they cover my hate crime.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Permanent injury in my left shoulder. And this create the P.S.D and affected to my disability, for the rest of my life.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

10 millions dollars

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

8-16-23
 Dated
 Angel L.
 First Name Middle Initial
 Plaintiff's Signature Ruiz
 Last Name
 1 Metropolitan Oval Apt 3E
 Street Address
 Bronx NY 10462
 County, City State Zip Code
 (305) 988-7751
 Telephone Number
 love4art2021@icloud.com
 Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☒ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

- ① 38 U.S. Code 901
Authority to prescribe rules for
conduct and penalties for violations.
- ② 15 U.S. Code 1692d
Harassment or abuse
- ③ 18 U.S. Code 1515
Definitions for certain provisions
general provision
- ④ 18 U.S. Code 2071
Concealment removal or mutilation
generally
- ⑤ 18 U.S. Code 111
Assaulting, resisting, or impeding
certain officers or employees
- ⑥ 18 U.S. Code 249
Hate crime Acts
- ⑦ 42 U.S. Code 2000e-2
Unlawful employment practices
- ⑧ 5a U.S. Code 104
Failure to file or filing reports

And this is the violation of the U.S.
Code's that the court's violated.

① 28 U.S. code 455

8.16.23

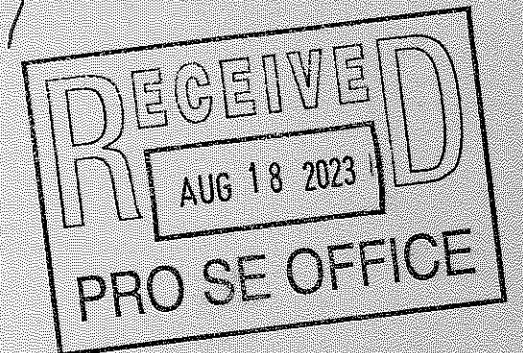
Angel Luis Ruiz
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Angel Ruiz
1 Metropolitan Ave Apt 3E
Bronx, NY 10462



United States District Court
Southern District of New York
500 Pearl Street
New York, NY 10007

USDC
SDNY



Pro-Se Intake Unit